

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Richard M Elbert		COURT CASE NUMBER 4:11-cv-00428-HFS	
DEFENDANT Kansas City, Missouri, City of, et al.		TYPE OF PROCESS Summons, Amended Complaint, Order	
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>Police Officer Johnson Badge #2356 - KCMo Police Dept</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>615 E 13th Street, Suite 401, Kansas City, MO 64106</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			
Richard M Elbert 8113 Troost Kansas City, MO 64131		Number of process to be served with this Form 285	1
		Number of parties to be served in this case	25/1
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER <b>816-606-0713</b>	DATE <b>02-28-12</b>
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <b>13 of 20</b>	District of Origin No. <b>45</b>	District to Serve No. <b>45</b>	Signature of Authorized USMS Deputy or Clerk 	Date <b>3/2/12</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode						
Address (complete only different than shown above)	<table border="1"> <tr> <td>Date <b>3/7/12</b></td> <td>Time <b>1:36</b></td> <td><input type="checkbox"/> am <input checked="" type="checkbox"/> pm</td> </tr> <tr> <td colspan="3">Signature of U.S. Marshal or Deputy </td> </tr> </table>	Date <b>3/7/12</b>	Time <b>1:36</b>	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm	Signature of U.S. Marshal or Deputy 		
Date <b>3/7/12</b>	Time <b>1:36</b>	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm					
Signature of U.S. Marshal or Deputy 							

Service Fee <b>—</b>	Total Mileage Charges including endeavors) <b>—</b>	Forwarding Fee <b>8.00</b>	Total Charges <b>8.00</b>	Advance Deposits <b>—</b>	Amount owed to U.S. Marshal* or (Amount of Fee Fund) <b>8.00</b> <b>\$0.00</b>
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REMARKS: **3/6/12-mailed cert rtn rept 2011 2000000145391048**  
**3/8/12-rcvd rtn rept signed dated 3/7/12**

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage \$  
 Certified Fee  
 Return Receipt Fee (Endorsement Required)  
 Restricted Delivery Fee (Endorsement Required)  
 Total

2012 MAR -6 PM 3: Postmark Here

7011 2000 0001 4539 1048

Sent To  
 Street, or P.O.  
 City, St.

Kansas City Police Depart  
 Attn: Officer Johnson Bad  
 615 E 13th St, Ste 401  
 Kansas City, MO 64106

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kansas City Police Depart  
 Attn: Officer Johnson Bac  
 615 E 13th St, Ste 401  
 Kansas City, MO 64106

11-CV-0428-HFS

2. Article Number (Transit)  
 7011 2000 0001 4539 1048

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X [Signature]  
☒ Agent  
☐ Addressee

B. Received by (Printed Name)  
 C. Date of Delivery  
 3-7-12

D. Is delivery address different from item 1? ☐ Yes  
 If YES, enter delivery address below: ☐ No

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

BLF

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540